

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02871

FILED
Apr 27, 2005
Secretary of State

Entity Name: AMERITAS INVESTMENT CORP

Current Principal Place of Business:

5900 O ST
LINCOLN, NE 685102234 US

New Principal Place of Business:

Current Mailing Address:

5900 O ST
LINCOLN, NE 685102234 US

New Mailing Address:

FEI Number: 47-0663374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ARTH, LAWRENCE J.,
Address: 5900
City-St-Zip: LINCOLN, NE 68510

Title: VPPM () Delete
Name: JANSSEN, WILLIAM J
Address: 5900
City-St-Zip: LINCOLN, NE 68510

Title: P () Delete
Name: HITCOCK-GEAR, SALENE
Address: 7315 WISCONSIN AVE
City-St-Zip: BETHESDA, MD 20814

Title: VPSG () Delete
Name: STADING, DONALD R
Address: 5900 O STREET
City-St-Zip: LINCOLN, NE 68510

Title: CCEO () Delete
Name: GIOVANNI, WILLIAM R
Address: 5900
City-St-Zip: LINCOLN, NE 68510

Title: T () Delete
Name: LESTER, WILLIAM J
Address: 5900 O ST
City-St-Zip: LINCOLN, NE 68510

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SVP (X) Change () Addition
Name: MOORE, DAVID C
Address: 5900 O STREET
City-St-Zip: LINCOLN, NE 68510

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD R. STADING

VPSG

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date